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Submitting Questions





Reporting Healthcare Personnel Influenza Vaccination Data — Refresher for 2018

Speakers

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Moderator

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January 25, 2018

Introduction

During the January 26, 2017 webinar titled <u>Collecting and</u> <u>Entering Healthcare Personnel Influenza Vaccination Data</u>, attendees received the following:

- A description of the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure as a requirement of the IPFQR Program
- Step-by-step instructions on how to complete the following:
 - o National Healthcare Safety Network (NHSN) enrollment
 - Influenza Vaccination Coverage Among HCP measure data submission and verification

Purpose

During this presentation participants will receive the following:

- A reminder of the NHSN re-consent process
- An overview of reporting requirements for the HCP Influenza Vaccination Summary measure as a requirement of the IPFQR Program
- Information on how facilities can enter HCP Influenza Vaccination Summary measure data and verify data submission in NHSN

Learning Objectives

By the end of the presentation, attendees will be able to:

- Ensure proper NHSN enrollment.
- List the reporting requirements for the HCP Influenza Vaccination Summary measure.
- Identify the steps facilities should follow to successfully report data through NHSN.
- Verify the status of their facility's measure data submission.

Acronyms

CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CE	continuing education
CMS	Centers for Medicare & Medicaid Services
FAQ	frequently asked question
FUH	Follow-Up After Hospitalization for Mental Illness
FY	fiscal year
НСР	healthcare personnel
HPS	Healthcare Personnel Safety
IPF	inpatient psychiatric facility
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IPPS	inpatient prospective payment system
NHSN	National Healthcare Safety Network
PPS	prospective payment system
SAMS	Secure Access Management Services
SC	support contractor
VIQR	Value, Incentives, and Quality Reporting

Keys to Success

Top four keys to ensure successful submission by the May 15, 2018 deadline:

- 1. IPF contact information is current.
 - Update any changes to the Healthcare Personnel Safety Component Primary Contact in NHSN.

o Complete and return the Hospital Contact Change Form.

- 2. The IPF has an IPFQR Program Notice Of Participating status of "Participating."
- 3. The IPF has an active Facility Administrator account in NHSN.
- 4. Data is submitted and verified well in advance of the May 15, 2018 deadline.

Updates to Reporting HCP Influenza Vaccination Data in 2018

- NHSN re-consent process
- Updated SAMS log in web page
- Data verification checklist

Reporting Healthcare Personnel Influenza Vaccination Data — Refresher for 2018

NHSN Re-Consent Process

NHSN Re-Consent Process

All facilities currently participating in NHSN will be required to re-consent electronically through the NHSN application.

- Newly enrolling facilities will electronically submit their consent form as well.
- The re-consent is due to an update to NHSN purposes.
 - This now includes the extension of data access for surveillance and prevention purposes to local health departments via data use agreements as this is currently an option for state health departments.

NHSN Re-Consent Process

- The January 30, 2018 release of the NHSN 8.8.1 application will introduce an updated NHSN Agreement to Participate and Consent.
 - This will be for NHSN facility users who enrolled in NHSN prior to December 2, 2017.
- Once the consent form is available on January 30, an alert will appear on all NHSN component home pages.
 - Primary contacts and Facility Administrators will receive an e-mail notification.
 - Primary contacts or Facility Administrators should agree to this updated consent form for each component by **April 14, 2018**, or risk losing access to NHSN.
- Additional information, including <u>FAQs</u> and the updated <u>NHSN</u> <u>purposes</u>, are available on CDC's NHSN website: <u>https://www.cdc.gov/nhsn/about-nhsn/index.html</u>.
 - If you have any questions, please send an e-mail to <u>NHSN@cdc.gov</u> with the subject line "NHSN Re-Consent."

Reporting Healthcare Personnel Influenza Vaccination Data — Refresher for 2018

Adding NHSN User and Administrator Roles

Adding an NHSN User

Facilities should have at least two NHSN users.

- To add a user, click "Users" and "Add."
- Complete required fields.
- Click "Save."

NHSN Home				
Alerts		Aud Oser		
Reporting Plan	•			
HCW		Mandatory fields marked with *		
Lab Test				
Exposure	•	User ID *:		Up to 32 letters and/or numbers, no spaces or special characters
Prophy/Treat		Prefix:		
FL 0		First Name *:		
Flu Summary	•	Middle Name:		
Surveys		Last Name *:		
Analysis	•	Title:		
Lisers		Add User Active: Y	′ - Yes 🗸	
Osers		Eind User Type:		~
Pacility	- F	Phone Number *:		Extension:
Group		Fax Number:		
Tools		E-mail Address *:		
10015		Enter New Password for user *:		
Logout		Re-enter New Password for user *:		
		Address line 1:		
		Address, line 2:		
		Address, line 3:		
		City:		
		State:		~
		County:	~	
		Zip Code:		Zip Code Ext.:
		Home Phone Number:		Home Extension:
		Beeper:		
			Save	Back

User Rights

After saving the new-user information, the "Edit User Rights" screen will appear.

- Please be sure to confer the proper rights to users.
- CDC recommends that at least two users at each facility have rights to add and analyze data.

NHSN Home		😿 Edit User	Rights		
Alerts					
Reporting Plan	•				
HCW	•			User ID: EMPLHLTH (ID 97	2)
Lab Test	•			Fac: IPF Name	
Exposure	•			Facility List:	
Prophy/Treat	•	Rights	Patient Safety	Healthcare Personnel Safety	
Flu Summary	•	Administrator			
Surveys	•	All Rights			
		Analyze Data			
Analysis	•	Add, Edit, Delete			
Users	•	View Data			
Facility	•	Customize Rights			Advanced
Group	•			Effect Righ	ive Save Back
Tools	•				

New Users to NHSN

- View the "Welcome to NHSN" email.
- Receive emails to register and create a SAMS account.
 o Follow instructions carefully.
- Complete and submit identity-verification documents to SAMS.
 - Begin the process as soon as possible.
- Access NHSN using SAMS credentials.

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εų.	TU	st									
	Α	в	C	D	Ε	F	G	н	1	J	
1	Ε	Q	X	3	т	5	N	4	М	Q	1
2	E	3	κ	6	J	Μ	9	F	8	6	2
3	С	1	6	M	3	J	н	Μ	P	Y	3
4	т	W	W	1	4	V	6	0	7	2	4
5	8	6	7	W	6	J	5	M	P	X	5

New Users to NHSN

- Onboarding of new users takes at least 2–3 weeks; begin the process well in advance of the May 15 reporting deadline.
- Log into NHSN at least once per year to maintain active SAMS credentials.
- A user with a SAMS card can enter data for multiple facilities as long as they are a registered user at each facility.
- Information about the SAMS process can be found at: <u>http://www.cdc.gov/nhsn/sams/about-sams.html</u>

Change in NHSN Facility Administrator

An NHSN Facility Administrator should transfer the role to another user **prior** to leaving the facility.

- NHSN can add an individual as the new NHSN Facility Administrator if the previous NHSN Facility Administrator has left the facility.
 - Do **not** re-enroll the facility in NHSN.
- Fax a letter to NHSN at (404) 929-0131.
 - The letter should be from a C-level executive and include a request that you are assigned as the new NHSN Facility Administrator since the previous Facility Administrator left the facility.
- After being assigned as the new NHSN Facility Administrator, begin the new NHSN user-onboarding process.

Reporting Healthcare Personnel Influenza Vaccination Data — Refresher for 2018

Influenza Vaccination Among HCP Measure Reporting Requirements

Denominator Reporting Requirement: Inclusions

Required

- Employees (staff on facility payroll)
- Licensed independent practitioners
- Adult students/trainees and volunteers

Optional

• Other contract personnel

Numerator Reporting Requirement: Inclusions

The numerator reporting requirement inclusions for the HCP measure consist of HCP who:

- Received an influenza vaccination at the reporting healthcare facility since the influenza vaccine became available this season.
- Provided a written report or documentation of receiving an influenza vaccination outside the reporting healthcare facility since the influenza vaccine became available this season.
- Had a medical contraindication to the influenza vaccine.
- Declined to receive the influenza vaccine.
- Had an unknown vaccination status (or criteria were not met for above-mentioned categories).

Reporting Healthcare Personnel Influenza Vaccination Data — Refresher for 2018

Data Submission Instructions

Required and Optional Reporting Forms

After enrolling in NHSN and/or activating the HPS component and adding users:

- Complete these required forms:
 - o HCP Safety Monthly Reporting Plan
 - o HCP Influenza Vaccination Summary
- Complete this optional form:
 - Seasonal Survey on Influenza Vaccination
 Programs for HCP

Log into SAMS

Access the activity home page at https://nhsn2.cdc.gov/nhsn/.

- Enter SAMS user name and password.
- Enter SAMS grid card numbers.

Choose a login option

External Partners	HHS Staff	
SAMS Grid Card	PIV Login	AMS One Time Password
A B C D E F G H I J 1 E O X S M 4 M 0 1 2 E X G J S M 4 M 0 1 2 E X G J S B 6 2 2 2 2 2 2 2 3 3 G B D Z 2 2 3 3 G B D Z 2 2 3 3 G B D Z 2 2 3 3 G D D Z 2 3 3 G D D Z Z 3 S S S S S S G D D D D D D D D D D D D		AMS OTP 0
SAMS Username SAMS Password	Click the Login button to sign on with a OR HHS PIV Card.	How to use OTP
Login	Login	Login
Forgot SAMS Password? For External Partners who have been issued a SAMS Grid Card.	For all HHS staff including Operating Divisions (CDC, NIH, FDA, etc.)	For all HHS staff including Operating Divisions (CDC, NIH, FDA, etc.) with a One Time Password.

For assistance with SAMS, contact the SAMS Help Desk toll-free at 1-877-681-2901 or <u>samshelp@cdc.gov</u>.

NHSN Landing Page



Navigating NHSN

Use NHSN buttons to navigate. Avoid using web browser buttons.



View user ID, facility name, facility ID, and component in use at the top right of the screen.



HPS Component Home Page



HCP Safety Monthly Reporting Plan Form

- The form collects data on which modules and months the facility plans to participate.
- Users select "Influenza Vaccination Summary."
 - The plan is automatically updated with this information for the entire NHSN-defined influenza season (July 1–June 30).
 - The user will not need to add any reporting plans after the initial monthly plan has been added for that influenza season.



Monthly Plan View for IPF Units

- Click "Reporting Plan," then "Add."
- Select appropriate month and year from drop-down menus (e.g., January 2018).
- Check appropriate box next to "Influenza Vaccination Summary for Inpatient Psychiatric Facility Unit(s)."
- Click "Save."

NHSN Home		Add Monthly Reporting Plan
Alerts		
Reporting Plan	•	Mandatory fields marked with *
HCW	•	*Facility ID: Facility Name (ID Number)
Lab Test	•	*Year:
Exposure	•	No NHSN Healthcare Personnel Safety Modules Followed this Month
Prophy/Treat	•	Healthcare Personnel Exposure Modules
Flu Summary	•	Blood/Body Fluid Exposure Only
Surveys	•	 Blood/Body Fluid Exposure with Exposure Management Influenza Exposure Management
Analysis	•	Healthcare Personnel Vaccination Module
Users	•	□ Influenza Vaccination Summary for the Hospital
Facility	•	Influenza Vaccination Summary for Inpatient Rehabilitation Facility Unit(s) Influenza Vaccination Summary for Inpatient Psychiatric Facility Unit(s)
Group	•	
Tools	•	Save Back
Logout		

Monthly Plan View for Freestanding IPFs

- Click "Reporting Plan," then "Add."
- Select appropriate month and year from drop-down menus (e.g., January 2018).
- Check appropriate box next to "Influenza Vaccination Summary."
- Click "Save."

NHSN Home		Add Monthly Reporting Plan
Alerts		We raa toon in toporting tan
Reporting Plan	•	Mandatory fields marked with
HCW	•	*Facility ID: JosephPsychiatricFacility (ID 13750)
Lab Test	•	*Month: January V
Exposure	•	*Year: 2018 2017 HStylealthcare Personnel Safety Modules Followed this Month
Prophy/Treat	•	2016
Flu Summary	•	Healthcare Personnel Exposure Modules
Surveys	•	Blood/Body Fluid Exposure with Exposure Management
Analysis	•	Influenza Exposure Management Healthcare Personnel Vaccination Module
Users	•	✓ Influenza Vaccination Summary
Facility	•	
Group	•	Save Back

HCP Influenza Vaccination Summary Form

The form collects summary influenza vaccination counts among HCP.

- HCP influenza summary reporting in NHSN consists of a single data-entry screen per influenza season.
- Each time a user enters updated data for a particular influenza season:

• All previously entered data for that season is overwritten.

• A new, modified date is auto-filled by the system.

HCP Influenza Vaccination Summary Form

The NHSN data-entry screen mirrors the HCP Influenza Vaccination Summary Form.

- Denominator (Question 1)
- Numerator (Questions 2–6)

	*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	*Adult students/ trainees & volunteers	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31				
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season				
4. Number of HCP who have a medical contraindication to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				

Table of Instructions

The table of instructions outlines the instructions and definitions for each data field in the NHSN module.

Data Fields	Instructions for Completion
Facility ID #	Required. The NHSN-assigned facility ID will
	be auto-entered.
Vaccination Type	Required. Influenza is the default and only
	current choice.
Influenza Subtype	Required. Seasonal is the default and only
	current choice.
Influenza Season	Required. Select the influenza season years for
	which data were collected (e.g., 2012/2013).
Date Last Modified	The Date Last Modified will be auto-entered and
	will indicate the date that these data were last
	changed by a user.
Employee HCP (staff	<i>Required.</i> Defined as all persons that receive a
on facility payroll)	direct paycheck from the healthcare facility (i.e.,
	on the facility's payroll), regardless of clinical
	responsibility or patient contact.
Non-Employee HCP:	Required. Defined as physicians (MD, DO);
Licensed independent	advanced practice nurses; and physician

The Instructions for Completion of Healthcare Personnel Influenza Vaccination Summary Form is located in the HCP Influenza Vaccination Summary Protocol: http://www.cdc.gov/nhsn/forms/57-214-HCP-Influenza-Vaccination-Summary-Form-TOI-.pdf

HCP Influenza Vaccination Summary Data

- Click "Flu Summary," then "Add."
- "Influenza Vaccination Summary" appears. It is the only option in the Summary Data Type drop-down menu.
- Click "Continue."

NHSN Home		Add Summary Data
Alerts		
Reporting Plan	•	Summary Data Type: Influenza Vaccination Summary 🗸
HCW	•	
Lab Test	•	Continue Back
Exposure	•	
Prophy/Treat	•	
Flu Summary	•	
Surveys	•	

Summary Report for Hospitals with IPF Units

- "Influenza" and "Seasonal" are the default choices for vaccination type and influenza subtype.
- Select appropriate flu season in drop-down box (e.g., 2017/2018).
- Select the appropriate location(s) for reporting hospital or IPF unit(s).

NHSN Home		K Add Influenza Vaccination Summary				
Alerts						
Reporting Plan	•	Mandatan fields marked with				
HCW	•	Mandatory fields marked with *				
Lab Test	•	Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.				
Exposure	•	Facility ID *: Facility Name (ID Number)				
Prophy/Treat	•	Influenza subtype ★: Seasonal ∨				
Flu Summary	•	Flu Season *: 2017/2018 V				
Surveys	•	Locations *: IPF Unit(s) V				

Summary Report for Freestanding IPFs

- "Influenza" and "Seasonal" are the default choices for vaccination type and influenza subtype.
- Select appropriate flu season in drop-down box (e.g., 2017/2018).

NHSN Home		Add Influenza Vaccination Summary		
Alerts				
Reporting Plan	•	Mandatory fields marked with *		
HCW		Mandatory nelds marked with *		
Lab Test	•	Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.		
Exposure	•	Facility ID *: Facility Name (ID Number)		
Prophy/Treat	•	Influenza subtype *: Seasonal V		
Flu Summary	•	Flu Season *: 2017/2018 V		

Data Entry Screen

- The asterisks indicate columns that must be completed.
- Use the "Comments" box to enter any additional information.
- Click "Save" to save the record.
- Data must be entered by the May 15 reporting deadline to meet CMS program requirements.

	Employee HCP	N	on-Employee HC	Ъ.
HCP categories	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31				
 Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season 				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season				
4. Number of HCP who have a medical contraindication to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				
Custom Fields				
HCP PHYSICIANS:				

Saving HCP Influenza Vaccination Summary Data

A message confirming data were saved should appear at the top of the screen.

Successfully updated Influenza Vaccination Summary record.			
Mandatory fields marked with *			
Facility ID *: JosephPsychiatricFacility (13750)			
Vaccination type *: Influenza			
Influenza subtype *: Seasonal			
Flu Season *: 2017/2018			
Date Last Modified: 12/13/2017			
	Employee HCP		Non-Employee HCP
HCP categories	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	30	22	10

Editing HCP Influenza Vaccination Summary Data

- After the initial entry, each update of the data receives the message, "A record for the selected summary data already exists."
- The "Date Last Modified" shows when the data were last entered.

A record for the selected summary data element already exists.			
Mandatory fields marked with *			
Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.			
Facility ID *: Boston Vet Center (10238)			
Vaccination type *: Influenza			
Influenza subtype *: Seasonal			
Flu Season *: 201//2018			
Locations *: IPF Units(s)			
Date Last Modified: 12/13/2017			
	Employee HCP		Non-Employee HCP
HCP categories	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *

Editing HCP Influenza Vaccination Summary Data

Click "Edit" to modify existing data.

	Employee HCP	N	on-Employee HC	CP
HCP categories	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	30	10	25	5
Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	10	7	10	2
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	5	2	10	3
4. Number of HCP who have a medical contraindication to the influenza vaccine	5	1	2	0
5. Number of HCP who declined to receive the influenza vaccine	5	0	2	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	5	0	1	0
Custom Fields HCP NURSES: HCP PHYSICIANS:				
Comments				
Edit Delete Back				

Saving HCP Influenza Vaccination Summary Data

Click "Save" to save the updated data.

	Employee HCP	on-Employee HC	СР.	
HCP categories	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	30	10	25	5
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	10	7	10	2
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	5	2	10	3
4. Number of HCP who have a medical contraindication to the influenza vaccine	5	1	2	0
5. Number of HCP who declined to receive the influenza vaccine	5	0	2	0
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	5	0	1	0
Custom Fields HCP NURSES: HCP PHYSICIANS:				
Comments				
Save Back				

Saving HCP Influenza Vaccination Summary Data

A message confirming data were saved should appear at the top of the screen.

Successfully updated Influenza Vaccination Summary record.			
Mandatory fields marked with * Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.			
Facility ID *: JosephPsychiatricFacility (13750)			
Vaccination type *: Influenza			
Influenza subtype *: Seasonal			
Flu Season *: 2017/2018			
Date Last Modified: 12/13/2017			
	Employee HCP		Non-Employee HCP
HCP categories	Employees (staff on facility payroll) *	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants *	Adult students/ trainees & volunteers *
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	30	22	10

Reporting Healthcare Personnel Influenza Vaccination Data — Refresher for 2018

Data Verification in NHSN

Data Verification in NHSN

Run a CMS Line Listing report using instructions located here: <u>http://www.cdc.gov/nhsn/pdfs/cms/cm</u> <u>s-ipfqr-hcpfluvacc-linelist-ipf.pdf</u>



National Healthcare Safety Network
Line Listing for HCP Flu Vaccination Data for CMS IPF PPS
As of: November 21, 2016 at 2:27 PM

Date Range: All HCW_VACCFLUSUMCMS_IPFQR

orgID	summary Season	vaccType	personnelType	personnelTypeDesc	vaccTypeDesc	declinations	contraindications	vaccEW	vaccHere	working	pctVacc	totVacc	pctVaccCI
10312	2016/2017	FLU	Employee	Employees	Influenza	5	5	5	10	30	50%	15	33%, 67%
10312	2016/2017	FLU	LIP	Licensed Independent Practitioners	Influenza	0	1	2	7	10	90%	9	60%, 99%
10312	2016/2017	FLU	studVol	Adult Students/Trainees and Volunteers	Influenza	2	2	10	10	25	80%	20	61%, 92%
10312	2016/2017	FLU	All	All Healthcare Workers	Influenza	7	8	17	27	65	68%	44	56%, 78%

Data Verification in NHSN for Freestanding IPFs

- Ensure that the correct facility CCN and CCN effective date have been entered into the "Facility Information" page of NHSN.
 - Your facility's CCN effective date equals the date the facility first received its CCN from CMS.
- Ensure that the facility is enrolled as a "HOSP-PSYCH" facility on the "Facility Info" page of NHSN.
 - If your facility is not correctly enrolled, please contact <u>NHSN@cdc.gov</u> for assistance.

Surveys		Export Data
Analysis	•	Facility Info
Users	•	Add/Edit Component
Facility		Locations
Group		Occupations
Tools	•	Departments
Logout		Supervisors

Data Verification in NHSN for IPF Units

- Ensure that the correct facility CCN and CCN effective date are entered into the "Facility Information" page of NHSN for your acute-care or Critical Access Hospital.
 - Your CCN effective date equals the date your facility first received its CCN from CMS.
- Ensure that your facility is enrolled properly as an acute care facility ("HOSP-GEN," "CAH," "HOSP-SURG," "HOSP-WOM") on the "Facility Info" page of NHSN.
 - If your facility is not correctly enrolled, please contact <u>NHSN@cdc.gov</u> for assistance.

Surveys •	Export Data
Analysis	Facility Info
Users •	Add/Edit Component
Facility	Locations
Group	Occupations
Tools	Departments
Logout	Supervisors

Data Verification in NHSN for IPF Units

- Ensure that "Yes" is selected for the question: Is this location a CMS IPF unit within a hospital?
- Ensure that the correct CCN and CCN effective date have been entered for each CMS IPF unit in NHSN for your facility. CCN effective date equals the date the facility first received its CCN from CMS.

Your Code *: PSYCH	
Your Label *: PSYCH UNIT	
CDC Location Description *: Behavioral Health/Psych Ward	
Is this location a CMS IPF unit within a hospital? *: Y - Yes V	
If Yes, specify the IPF CCN (will have an M or S IPF Unit CCN) Effective Date of IPF CCN: 08/12/2015 2015Q3	3
in the 3rd position) *: Edit IPF CCN	
Status *: Active 🗸	
Bed Size * : 10 A bed size greater than zero is required for most inpatient locations.	t
Find Add Export Clear	

Checklist for 2017–2018

✓ Keep SAMS credentials active.

- Facilities should log into NHSN using their SAMS card every few months to keep their credentials active.
- NHSN users will also be prompted to change their SAMS password every 60 days.

✓ Ensure that at least two staff members can enter data into NHSN.

 To combat NHSN access issues due to staff turnover, vacation, or extended leave, each facility should have at least two individuals who can add, edit, delete, and analyze the HCP influenza vaccination summary data in NHSN.

Checklist for 2017–2018

✓ Create a new monthly reporting plan.

- When creating a new monthly reporting plan for the 2017–2018 influenza season, you may select "January 2018" for your plan.
- Once your monthly reporting plan is complete, you will be able to enter data for the 2017–2018 season.

\checkmark Select the appropriate influenza season when entering data.

- For the 2017–2018 influenza season, you must select "2017/2018" in the flu season drop-down box.
- ✓ Ensure that your CCN, CCN effective date, and facility type are entered into NHSN.
 - Specific guidance on adding/updating the facility CCN and CCN effective date within NHSN can be found here: <u>www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.pdf</u>.
 - You should also enter your correct facility type on the "Facility Information" page for your facility in NHSN.

Reporting Healthcare Personnel Influenza Vaccination Data — Refresher for 2018

Helpful Resources

CDC NHSN Resources

IPF NHSN Enrollment and Location Mapping

 NHSN Facility Enrollment & Set-Up Checklist for Inpatient Psychiatric Facilities:

http://www.cdc.gov/nhsn/pdfs/gen-support/ipf-enrollment-checklist.pdf

5-Step Enrollment for Inpatient Psychiatric Facilities (NHSN enrollment for freestanding IPFs):

http://www.cdc.gov/nhsn/ipfs/enroll.html

- IPFs within acute care and Critical Access Hospitals:
 - Ensure the main hospital has completed the NHSN enrollment: <u>http://www.cdc.gov/nhsn/acute-care-hospital/enroll.html</u>
 - Complete NHSN location mapping for IPFs within hospital: <u>http://www.cdc.gov/nhsn/pdfs/mrsa-cdi/ipf-locations.pdf</u>

CDC NHSN Resources

IPF Influenza Vaccination Coverage Among HCP Measure Data Submission and Verification

Access training materials, such as protocols, data-collection forms, and FAQs: <u>http://www.cdc.gov/nhsn/ipfs/vaccination/index.html</u>

- Training Slides: <u>http://www.cdc.gov/nhsn/pdfs/training/vaccination/hcp-flu-vax-</u> <u>summary-reporting-ipf-training.pdf</u>
- Data Verification Document: <u>https://www.cdc.gov/nhsn/pdfs/hps-</u> <u>manual/vaccination/verification-hcp-flu-data.pdf</u>

CDC NHSN Resources

NHSN User Support

- E-mail <u>nhsn@cdc.gov</u> for additional information; include "IPF NHSN Enrollment" or "IPF HCP Measure Data Submission" in the subject line.
- Include the name and IPF-specific CCN of the facility in the body of the email.
 - An IPF unit located in an acute care facility will have an "S" in the third position of its CCN.
 - An IPF unit located in a critical access facility will have an "M" in the third position of its CCN.
 - A free-standing IPF will have a "4" in the third position of its CCN.

CMS Influenza Vaccination Coverage Among HCP Measure Resources

- The January 26, 2017 webinar, titled Collecting and Entering Healthcare Personnel Influenza Vaccination Data, can be found in two locations:
 - QualityNet
 Inpatient Psychiatric Facilities → IPF Webinars, Calls 2017
 - Quality Reporting Center
 Inpatient → IPFQR Program → <u>Archived Events</u>
- Webinar materials include the following:
 - o Presentation slides
 - o Event recording
 - o Presentation transcript
 - Questions-and-answers transcript

Helpful Resources Links

The current IPFQR Program Manual and various optional paper tools, can be found at two locations:

<u>QualityNet</u>

Inpatient Psychiatric Facilities

Resources

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=Q netPublic%2FPage%2FQnetTier2&cid=1228772864255

 <u>Quality Reporting Center</u> Inpatient →IPFQR Program →Resources and Tools

https://www.qualityreportingcenter.com/inpatient/ipf/tools/

Helpful Resources Links

IPFQR Program General Resources

Q&A Tool	Email Support	Website	Phone Support
<u>https://cms-</u> IP.custhelp.com	IPFQualityReporting @hcqis.org	www.QualityReporting <u>Center.com</u>	(866) 800-8765
Monthly Web Conferences	ListServes	Hospital Contact Change Form	Secure Fax
www.QualityReporting Center.com	www.QualityNet.org	Hospital Contact Change Form	(877) 789-4443

Helpful Resources Save the Date

U	pcoming IPFQR Program Educational Webinars
February 2018	A Closer Look at the Measure Development Lifecycle and CMS' Meaningful Measures Initiative
March 2018	Improving Behavioral Health Outcomes Through Measurement-Based Care
April 2018	FUH Measure Best Practices
May 2018	FY 2019 IPF PPS Proposed Rule
June 2018	Keys to Successful FY 2019 Data Submission

Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

National

• Board of Registered Nursing (Provider #16578)

- Florida
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - o Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - o Board of Pharmacy

Please Note: To verify CE approval for any other state, license, or certification, please check with your licensing and certification board.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click "Done" at the bottom of the screen.
- Another page will open that asks you to register in HSAG's Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your PERSONAL email to receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not <u>immediately</u> receive a response to the email that you used to sign up to the Learning Management Center, you have a firewall that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

Please provide any additional comments					
10. What is your overall level of satisfaction	10. What is your overall level of satisfaction with this presentation?				
◯ Very satisfied					
Somewhat satisfied					
O Neutral					
Somewhat dissatisfied					
◯ Very dissatisfied					
If you answered "very dissatisfied", please explain					
\$\$					
11. What topics would be of interest to you f	for future presentations?				
0					
12. If you have questions or concerns, pleas	se feel free to leave your name and phone number or email address and we will contact you.				
\bigcirc					
	Done				
	Powered by <u>SurveyMonkey</u> Check out our <u>sample surveys</u> and create your own now!				

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

Existing User Link:

https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21- 2015
First Name: Last Name: Email: Phone: Register

CE Credit Process: Existing User

HSAG HEATIN SERVICES ADVCSIRY GROUP		this is a secure site please provide credentials to continue
	Secure Login User Name: Password: Log In	

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